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08/22/2005

FAY, SHARPE, FAGAN, MINNICH & MCKEE, LLP
 1100 SUPERIOR AVENUE, SEVENTH FLOOR
 CLEVELAND, OH 44114

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11/28/2005 TBESHAH2 00000020 09683635

01 FC:1501
 02 FC:1504

1400.00 OP
 300.00 OP

Georgeen B. Spnntag	(Depositor's name)
<i>Georgeen B. Spnntag</i>	(Signature)
November 22, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/683,635	01/29/2002	Mathew Sommers	GLO 2 0079	4172

TITLE OF INVENTION: APPARATUS AND MANUFACTURING METHOD FOR BORDER LIGHTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, GUIYOUNG	2875	362-219000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. FAY, SHARPE, FAGAN,2. MINNICH & MCKEE, LLP

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GELcore LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Valley View, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ A check in the amount of the fee(s) is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0308 (enclose an extra copy of this form).

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

*Scott A. McCollister*Date November 22, 2005

Typed or printed name

Scott A. McCollisterRegistration No. 33,961

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